

United Equity Credit Union

ACH Stop Payment Form

Please complete this form to place an ACH Stop Payment on the previously authorized electronic funds transfer shown below. This stop payment must be made no later than three (3) business days prior to the next incoming debit from this company. Completing this form will not re-credit funds to your account but will cause a stop payment to be placed on a future debit from this company. UECU must receive this signed, completed form for a stop payment to be placed. A \$10.00 fee (per ACH stop payment request – one form per request) will be charged to your account listed below and must be collected prior to the stop being placed. This stop payment order will remain in effect for six (6) months, unless it is cancelled by you. If you have questions regarding the completion of this form, please call 217-875-1845.

New Stop Payment Order

Cancel Existing Stop Payment Order

Member Name _____ Daytime Phone _____

Member # _____ ACH Debit from account Checking Shares

Company Name _____

Amount of ACH Debit \$ _____ Date last deducted _____

Stop Payment for the ACH Payment on the ACH Debit amount below from this company.

Stop Payment for Recurring Transactions (next payment) on the ACH Debit amount below from this company.
(Future entries are to be paid, unless you provide us with an additional stop payment order)

The exact amount of the ACH Debit \$ _____

The ACH Stop Payment will expire 6 months from the issue date unless cancelled by you or renewed by you.

I understand that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in the payment of the above item. I understand that this stop payment does not cancel or change the contract I have with the originating company. To cancel that contract and terminate my pre-authorization debit, I must follow the specifications outlined in the contract I completed with this company. By directing UECU to stop payment on this item, I agree to hold UECU harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees that are incurred as a result of UECU having acted on this Stop Payment Request.

I further declare that the debit entry was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own signature. If requested by the Originating Depository Financial Institution (ODFI), I agree that a copy of this statement may be provided. I assert that I am an authorized signer and/or have the authority to act on the account.

Member _____ Date _____

Member Service Rep _____ Date _____

Office Use Only -----

Received By: _____ Date: _____ Processed By: _____ Date: _____